

## **Claim Form – Property**

This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Prestige Insurance Broker Services Limited and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 2020. The collection of this information by Prestige Insurance Broker Services Limited is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined.

Insured Details					
Policy Holder Name					
Contact details of the person completing this form					
Contract Person	Contact Phone				
Email Address					
Position					
Incident Details					
Date of incident	Time of incident				
Location of incident					
Please advise what happened.					
1. How did the thief enter the house? For example, fence was broken; door or window broken?					
2. Were the police notified?					

If 'Yes', please advise the file number or reference \_



Details of items being claimed for				
Description including make & model	Date of Purchased or Received		Price to replace it or repair incl gst	

- 1. I declare that to the best of my knowledge the details given in this claim form are true.
- 2. I undertake to render all possible assistance in connection with this claim.
- 3. I agree that Prestige Insurance Broker Services Limited and the insurance company (and/or their agent) with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.
- 4. I agree that the insurance company with whom I am insured may give to or obtain from ICR details of information relevant to this claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)
- 5. I have read and I understand the above Declaration.

Note: Failure to provide correct and complete information could result on your claim not being accepted by the insurance company.

Signed: \_\_\_\_\_\_

Owner Name \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_